A duplicate copy of this sheet is enclosed. A check in the amount of \$ is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFF	Docket No. 4342-0118PUS1	
Invention: AMIDINES AND DERIVATIVES THEREOF AND PHARMACEUTICAL COCONTAINING THEM MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims	Art Unit 1624	
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Highest Number Previously Present Rate Total Claims 12 - 20 = 0 x 52.00 Independent Claims (check if applicable) Other fee (please specify): Extension for response within first month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity Small Entity No additional fee is required for this amendment. X Please charge Deposit Account No. 02-2448 in the amount of \$ 1 A duplicate copy of this sheet is enclosed. A check in the amount of \$ is enclosed. A check in the amount of \$ is enclosed. X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFF	OMPOSITION	
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CLAIMS AS AMENDED Claims Remaining After Number Previously Paid Rate		
Claims Remaining After After Amendment Previously Amendment Paid Present Rate Number Extra Claims Present Rate Total Claims 12 - 20 = 0		
Independent Claims 3 - 3 = 0 x 220.00 Multiple Dependent Claims (check if applicable) Other fee (please specify): Extension for response within first month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity Small Entity No additional fee is required for this amendment. X Please charge Deposit Account No. 02-2448 in the amount of \$ 1 A duplicate copy of this sheet is enclosed. A check in the amount of \$ is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFF		
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Mark J. Nuell Attorney Reg. No.: 36,623 BIRCH, STEWART, KOLASCH & BIRCH, LLP 12770 High Bluff Drive, Suite 260 San Diego, California 92130 (858) 356-5959	130.00 . 02-2448 R 1.16 and 1.17. y 14, 2009	